Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 1-15, 2004.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

DRAFT

PART I - FACE SHEET

	FEDERAL ASSISTAN	NCE 1. TYPE OF SUBMISSION:			
	C LIBERAL AGOIO!	Non-Construction			
A. DATE SUBMITTED TO CORPORATION OR NATIONAL AND COMMUNITY ERVICE (CNCS):	ON 3. OATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:			
10/18/04	4. DATE RECEIVED:	GRANT NUMBER:			
APPLICATION ID:	10/18/04				
05SF046751 APPLICATION INFORMATION	(10)	The state of the s			
GAL NAME: County of Sastratento Dep	artment of Hurrup Assistance	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Karla Crawbrd			
DDRESS (give street address, city, at	ate and zip code):	TELEPHONE NUMBER: 916 875-4464			
2433 Manoni Avenue		1 FAX NUMBER: 916 875-3799			
Socramento CA 95821 - 4807		INTERNET E-MAIL ADDRESS: crawfordk@saccountrystet			
REVISION Revision, enter appropriate tetter(s) in A increase Award B. Decrease D. Decrease Durstion	ONTINUATION STATE CLEARING HOUSE	7. TYPE OF APPLICANT: 7a. Local Government, Municipal Local Education Agency Area Agency on Aging Health Department 9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service 11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:			
DB. CATALOG OF FEDERAL DOMEST Ob. TITLE: Foster Grendparent Progre 2. AREAS AFFECTED BY PROJECT Secremento City and County, Placer Co	em (List Cities, Counties, States, etc):	11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Secremente Foster Grandparent Program			
Ob. TITLE: Foster Grandparent Progra 2. AREAS AFFECTED BY PROJECT Secremento City and County, Placer Co	gm (Ust Cfiles, Countles, Stales, etc): numly and Yolo County				
2. AREAS AFFECTED BY PROJECT Secremento City and County, Placer Co 3. PROPOSED PROJECT: START DA	gm (Ust Cfiles, Countles, Stales, etc): numly and Yolo County	Secremento Foster Grendparent Program 14. PERFORMANCE PERIOD: START DATE: 01/01/05 END DATE: 12/31/07 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			
Db. TITLE: Foster Grandparent Progra 2. AREAS AFFECTED BY PROJECT	gm (Ust Cfiles, Countles, Stales, etc): numly and Yolo County	Secremento Foster Grendparent Program 14. PERFORMANCE PERIOD: START DATE: 01/01/05 END DATE: 12/31/07 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12972 PROCESS?			
Db. TITLE: Foster Grendparent Progre AREAS AFFECTED BY PROJECT Secremento City and County, Placer Co PROPOSED PROJECT: START DA ESTIMATEO FUNDING: a. FEDERAL	(List Cities, Counties, States, etc.): runty and Yolo County TE: 01/01/05 END DATE: 12/31/07	Secremento Foster Grendparent Program 14. PERFORMANCE PERIOD: START DATE: 01/01/05 END DATE: 12/31/07 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			
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AREAS AFFECTED BY PROJECT Secremento City and County, Placer Co B. PROPOSED PROJECT: START DA B. ESTIMATEO FUNDING: B. FEDERAL B. APPLICANT C. STATE	(Ust Chies, Counties, States, etc): runly and Yolo County TE: 01/01/05 END DATE: 12/31/07 \$ 418,406,00 \$ 75,106,00	Secremento Faster Grandparent Program 14. PERFORMANCE PERIOD: START DATE: 01/01/05 END DATE: 12/31/07 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON;			
D. TITLE: Foster Grendparent Progress. AREAS AFFECTED BY PROJECT Secremento City and County, Placer Co B. PROPOSED PROJECT: START DA ESTIMATED FUNDING: a. FEDERAL b. APPLICANT c. STATE d. LOCAL	(List Cities, Counties, States, etc.): wunty and Yolo County TE: 01/01/05 END DATE: 12/31/07 \$ 418,406,00 \$ 75,106,00 \$ 0.00	Secremento Faster Grandparent Program 14. PERFORMANCE PERIOD: START DATE: 01/01/05 END DATE: 12/31/07 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON;			
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AREAS AFFECTED BY PROJECT SACRAMENTO City and County, Placer Co B. PROPOSED PROJECT: START DA B. ESTIMATEO FUNDING: B. FEDERAL B. APPLICANT C. STATE d. LOCAL E. OTHER 1. PROGRAM INCOME B. TOTAL	(List Cfiles, Counties, States, etc.): burnly and Yolo County TE: 01/01/05 END DATE: 12/31/07 \$ 418,406,00 \$ 75,106,00 \$ 0.00 \$ 28,204,00 \$ 46,902,00 \$ 0.00 \$ 493,512,00	Secremento Faster Grandparent Program 14. PERFORMANCE PERIOD: START DATE: 01/01/05 END DATE: 12/31/07 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEST? YES If "Yes," attach an explanation. X NO			
Db. TITLE: Foster Grandparent Progra AREAS AFFECTED BY PROJECT Secremento City and County, Placer Co B. PROPOSED PROJECT: START DA ESTIMATED FUNDING: B. FEDERAL B. APPLICANT C. STATE d. LOCAL B. OTHER I. PROGRAM INCOME B. TOTAL B. TO THE BEST OF MY KNOWLEDGULLY AUTHORIZED BY THE GOVER	(List Cities, Counties, States, etc.): purity and Yolo County TE: 01/01/05 END DATE: 12/31/07 \$ 418,406,00 \$ 75,106,00 \$ 0.00 \$ 28,204,00 \$ 46,902,00 \$ 0.00 \$ 493,512,00	14. PERFORMANCE PERIOD: START DATE: 01/01/05 END DATE: 12/31/07 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12972 PROCESS? YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12972 PROCESS FOR REVIEW ON: DATE: 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? YES IF "Yes," attach an explanation. X NO			
20. TITLE: Foster Grandparent Progra 2. AREAS AFFECTED BY PROJECT Secremento City and County, Placer Co 3. PROPOSED PROJECT: START DA 5. ESTIMATEO FUNDING: a. FEDERAL b. APPLICANT c. STATE d. LOCAL e. OTHER 1. PROGRAMINCOME g. TOTAL 8. TO THE BEST OF MY KNOWLEDG DULY AUTHORIZED BY THE GOVER B. AWARDED.	(List Chies, Counties, States, etc.): Punity and Yolo County STE: 01/01/05 END DATE: 12/31/07 \$ 418,406,00 \$ 75,106,00 \$ 0.00 \$ 46,902.00 \$ 0.00 \$ 493,512.00 SE AND BELIEF, ALL DATA IN THIS APPLICANT AND THE	14. PERFORMANCE PERIOD: START DATE: 01/01/05 END DATE: 12/31/07 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12972 PROCESS? YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12972 PROCESS FOR REVIEW ON: DATE: 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? YES IF "Yes," attach an explanation. X NO			
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ABBLICATION FOR	•			OMB App	oroval No. 0348-0043		
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED November 16, 2004		Applicant Identifier			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier			
Application	Preapplication Construction	4, DATE RECEIVED BY	CEDERAL AGENCY	Federal Identifler			
☐ Construction Non-Construction	Non-Construction	4. DATE RECEIVED DI	TEBEIOLE AGENCY				
5. APPLICANT INFORMATIO							
Legal Name:			Organizational Unit:	A A			
County of Ventura		TI FI		nagement Agency	d are well are investigated		
Address (give city, county, Sta	te, and zip code):	EGEIV		number of person to be contacted	an matters involvin		
800 S. Victoria Ave	· n -	<u> </u>	This addition (give erea code) Lorraine Rubin 805/654-2466				
Ventura, Ventura C	ounty, CA 93009-1	740	1 - 11 011 - 1				
6. EMPLOYER IDENTIFICAT	ON NUMBER (EIN):	-1000 9 1 10N	7. TYPE OF APPLICA	ANT: (enter appropriate letter in t			
_ \	0 9 4 4	• • •	B				
		Aldrew and	A. State H. Independent School Dist. I. State Controlled Institution of Higher Learning				
8. TYPE OF APPLICATION:	_	TE CLEARING	Municipal	J. Private University			
	cw Continuation	Revision	D. Township	K. Indian Tribo			
If Revision, enter appropriate	letter(6) in box(es)	7 ["]	E. Interstate	L. Individual			
THE TRANSPORT	.,	<u>.</u>	F. Intermunicipal	M. Profit Organization			
A. 111010004	70010004 7 mara	se Duration	G. Special District	N. Other (Specify)			
D. Decrease Duration Oth	er(specify):		9. NAME OF FEDER	AL AGENCY:			
			U.S. Fish & Wildlife Service				
DAMESTIC ACCIOTANCE NUMBER			11 DESCRIPTIVE TI	TLE OF APPLICANT'S PROJE	CT:		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			, 1				
1 5 - F F B				ng Barriers to Acquisition of Educating Landowners	of River		
TITLE:			-				
	PROJECT (Cities, Countles, S	tales, alc.):		•			
Ventura County 13. PROPOSED PROJECT	14. CONGRESSIONAL I	DISTRICTS OF:					
							
Start Date Ending Date		3-d	b. Project 23rd & 24th				
1/3/05 1/3/07 23rd		3rd	46 IC ADDI ICATION	N SUBJECT TO REVIEW BY ST	ATE EXECUTIVE		
15. ESTIMATED FUNDING:			ORDER 12372 P		AIL EXECUTIVE		
	S	00	- OKBER 120/21	100000			
a. Federal	J.	97,364		APPLICATION/APPLICATION V			
b. Applicant	Applicant \$		1	BLE TO THE STATE EXECUTIVE ORDER 12: SS FOR REVIEW ON:			
c. State	\$	14,000	11/16/04				
	5	ÓÜ	DATÉ				
d. Local	3	•	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY S FOR REVIEW				
e. Other	S	1,000			STED BY STATE		
f. Program Income	\$	oa					
11		- 00	17, IS THE APPLICANT DELINQUENT ON ANY FEDERAL				
g. TOTAL \$ 112,364		112,364	Yes If "Yes," attach an explanation.				
18. TO THE BEST OF MY K	NOWLEDGE AND BELIEF, A	ALL DATA IN THIS APPL GOVERNING BODY OF T	ICATION/PREAPPLICA HE APPLICANT AND	ATION ARE TRUE AND CORRE THE APPLICANT WILL COMPL	CT, THE Y WITH THE		
ATTACHED ASSURANCE	S IF THE ASSISTANCE IS A	WARDED.					
a. Type Name of Authorized	Representative	b. Title	a Mamt Aganov	c. Tolephone Number (805) 654-2661			
Thomas Berg	/	Director, Resource	o Myriic Agency	e. Date Signed	+		
d. Signature of Authorized R	opresentative 20	<u> </u>		111-11-01	7-		
Previous Edition Usable	//			Standard Form 42			

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Application for Federal Assistance

U.S. Department of Housing and Urban Development

MB Approval No.25D1-0017 (exp. 03/31/2005)

		Submitted 2/2004	4. HUD Application Number 129-43030
Type of Submission X Application Pre	1	nd Time Received by HUD	5. Existing Grant Number
			6. Applicant Identification Number
7. Applicant's Legal Name Mission Palms LP	Total design of the state of th	B. Organizational Unit	
9. Address (give city, county, State, and z A. Address: 1260 Huntington B. City: South Pasadena C. County: San Diego C D: State: California E. Zip Code: 91030	pcode) Drive, Suite 207	contacted on matters involving th A. Name: Steven Shal B. Title: Underwriter C. Phone: (410) 859-50 D. Fax: (410) 859-52 E. E-mail: stevan_shal	r 005 220 kespeare@KeyBank.com
11. Employer Identification Number (EIN)	or SSN	12. Type of Applicant (enter appro	
		A. State	I. University or College
		B. County	J. Indian Tribe K. Tribally Designated Housing Entity (TDHE)
13. Type of Application		C. Municipal	L. Individual
X New Continuation Re	newal Revision	D. Township E. Interstate	M. Profit Organization
us a la company de la company	(00)	F. Intermunicipal	N. Non-profit
If Revision, enter appropriate letters in box		G. Special District	O. Public Housing Authority
A. Increase Amount B. Decrease Amount D. Decrease Duration E. Other (Specify)	D. Increase Duration	H. Independent School District	P. Other (Specify)
D. Declease Datation L. Other (opeony)		14. Name of Federal Agency	
		U.S. Department of Housing	and Urban Development
15. Catalog of Federal Domestic Assistance	e (CFDA) Number	16. Descriptive Title of Applicant's	
, <u> </u>	14-129	A proposed 97 beds	located in 85 units to-be-
Title:		built healthcare an	nd comprises an area of
Component Title:		approximately 1.51	
17. Areas affected by Program (boroughs,	cities, counties, States,	,	
Indian Reservation, etc.)		•	
San Marcos, San Diego C			
	Proposed Program end date	19a. Congressional Districts of Ap	plicant 19b. Congressional Districts of Program
20. Estimated Funding: Applicant must c			
21. Is Application subject to review by State A. Yes This preapplication/appli		ess? he State Executive Order 12372 P	rocess for review on: Date
B. No Program is not covered to			5
	elected by State for review.		
22. Is the Applicant delinquent on any Feder			
Yes If "Yes," explain below or atta		AND THE PROPERTY AND THE PROPERTY OF THE PROPE	
·		RECEIVE	J
		NOV - 9 200	
		NUX - 9 200	4
		STATE CLEARING HO	
		The second secon	

2. DATE SUBMITTED Application Identifier APPLICATION FOR 11-5-04 FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE State Application Identifier TYPE OF SUBMISSION: Preapplication Application ☐ Construction ☐ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ☐ Non-Construction Non-Construction 5. APPLICATION INFORMATION Φrganizational Unit Legal Name RECEIVED SUPERIOR CALIFORNIA ECONOMIC **DEVELOPMENT DISTRICT** lame and telephone number of the person to be contacted on matters Address (give city, county, state, and zip code) NOV - 8 2004 nvolving this application (give area code) Administrative Contact **Technical Contact** 2400 Washington Avenue, Suite 301 Redding, Shasta County, California 96001 Robert Nash, Chief Executive Officer STATE CLEARING HOUSE 530) 225-2760 6. EMPLOYER IDENTIFICATION NUMBER (EIN): TYPE OF APPLICANT: (enter appropriate letter in box) G H. Independent School Dist. A. State I. State Controlled Institution of Higher Learning B. County C. Municipal J. Private University 8. TYPE OF APPLICATION: D. Township K. Indian Tribe E. Interstate L. Individual X New Revision ☐ Continuation F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): If Revision, enter appropriate letter(s) in boxes(es) 9. NAME OF FEDERAL AGENCY: C. Increase B Decrease Award A. Increase Award U.S. Department of Commerce D. Decrease Duration Other (specify): **Economic Development Administration** 10. CATALOG OF FEDERAL DOMESTIC 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 3 ASSISTANCE NUMBER: Planning and implementation of a long range economic development program TITLE: Economic Development Support for Planning Organizations which will focus on job retention/creation and economic diversification to alleviate substantial unemployment within the district. 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Modoc, Shasta, Siskiyou and Trinity Counties in California 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT: b. Project Ending Date a. Applicant Start Date Second First and Second 01-01-05 12-31-05 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 60,000 a. Federal \$ \$ 20,000 DATE 11-5-04 b. Applicant NO. PROGRAM IS NOT COVERED BY E.O. 12372 c. State OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW d. Local \$ e. Other 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income ⊠ No If "Yes," attach an explanation. ☐ Yes g. TOTAL 80,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED c. Telephone number a. Typed Name of Authorized Representative b. Title (530) 225-2760 Chief Executive Officer Robert Nash e. Date Signed Signature of Authorized Representative 11-26-04

Previous Editions Not Usable

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OMB Approval No. 0348-0043

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Prescribed by OMB Circular A-102

Second Present Prese	348-00	OMB Approval No. 03		• • • • • • • • • • • • • • • • • • •		ION FOR	APPLICA
ADATE RECEIVED BY FEDERAL AGENCY Federal Identifier		Applicant Identifier	2. DATE SUBMITTED		FEDERAL ASSISTANCE		
Construction Construction Non-Construction	- Alekania	State Application Identifier	BY STATE	cation Preapplication construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY con-Construction Non-Construction		Application	
Legal Name: Newell County Water District California Californi		Federal Identifier	BY FEDERAL AGENCY			truction	Non-Cor
Newell County Water District Address (give city, county, State, and zip code): 405 5th Avenue Tuletake, CA 96134 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 25 4 1 0 4 8 8. TYPE OF APPLICATION: New Continuation Revision If Revision, enter appropriate letter(s) in box(ea) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICATION Project TITLE Water S. Waste Disposal Loan/Grant Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Newell, Modoc County, Calif. Start Date Ending Date A. Accilicant Fourth District						NFORMATION	
## Tulelake, CA 96134 Tulelake, CA 96134	;t	a County Water Distric		t			Newel]
# A 0.5 Sth Avenue Tule lake, CA 96134 Tul	involv	jumber of person to be contacted on matters	Name and telephone		d zip code):	y, county, State,	Address (give o
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 2 5 4 1 0 4 8 8. TYPE OF APPLICATION: New		ea <i>code)</i> Hammond, PE	this application (give a David B.			ce, CA	Tulela
8. TYPE OF APPLICATION: New Continuation					JMBER (EIN):	PENTIFICATION	6. EMPLOYER
8. County I. State Controlled Institution of Higher Learn C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization O. Special District N. Other (Specify) 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. O 7 6 0 TITLE: Water S Waste Disposal Loan/Grant Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Newell, Modoc County, Calif. 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date a. Acolicant 1 1/05 12/06 Fourth District Fo		G		*	4 8		الــــالـــــا
New Continuation Revision C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	nina					LICATION:	8. TYPE OF AF
D. Township K. Indian Tribe E. Interstate L. Individual F. Interminicipal M. Profit Organization G. Special District N. Other (Specify) 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 7 6 0 TITLE: Water & Waste Disposal Loan/Grant Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Newell, Modoc County, Calif. 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: California Start Date Ending Date a. Applicant 1/05 Fourth District 15. FSTIMATED FUNDING: a. Federal CDEG 1,000,000 Applicant D. Township K. Indian Tribe E. Interstate L. Individual F. Interminicipal M. Profit Organization G. Special District N. Other (Specify) 4. MAMF OF EEDEPAL AGENCY: Water and Sewer System Inprove Water and Sewer System Inprove Forgram 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Newell, Modoc County, Calif 15. FSTIMATED FUNDING: 16. Is APPLICATION SUDJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	mig			Πα		E-T Name	
If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(spanify): 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICATION SERVED IN TOP OVER 1 Program 12. AREAS AFFECTED BY MROJECT (Cities, Counties, States, etc.): Community of Newell, Modoc County, Calif. 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date a. Apolicant Fourth District Fourth District Fourth District Fourth District ORDER 12372 PROCESS? a. Federal \$ CDBG CDBG Applicant \$ 1,000,000 A VAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		•		Hevision	Continuation	X1 New	
A. Increase Award D. Decrease Duration D. Decrease Duration Other(specify) 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT. Water and Sewer System Inprove Water and Sewer System Inprove TITLE: Watex & Waste Disposal Loan/Grant Program 12. AREAS AFFECTED BY MROJECT (Cities, Counties, States, etc.): Community of Newell, Modoc County, Calif. 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: California Start Date Ending Date a. Accilicant 1/05 12/06 Fourth District Fourth District 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			· ·	7 / "	in box(es)	appropriate lette	If Revision, ente
A, increase Award D. Decrease Duration Other(specify) 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT. Water and Sewer System Inprove TITLE: Water & Waste Disposal Loan/Grant Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Newell, Modoc County, Calif. 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: California Start Date Ending Date a. Applicant Fourth District ORDER 12372 PROCESS? a. Federal CDBG Applicant AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW DN:			1	·			
D. Decrease Duration Other(spacify): 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10. — 7 6 0 TITLE: Water & Waste Disposal Loan/Grant Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Newell, Modoc County, Calif. 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: California Start Date Ending Date a. Applicant Fourth District Fourth District Fourth District Fourth District ORDER 12372 PROCESS? a. Federal S CDBG D. Applicant S AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			'	e Duration	e Award C. Increas	ard B. Deci	A. Increase A
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10. — 7 6 0 Water and Sewer System Inprove TITLE: Water & Waste Disposal Loan/Grant Program 12. AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.): Community of Newell, Modoc County, Calif. 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: California Start Date Inding Date a. Abolicant Fourth District Fourth District Fourth District Fourth District Fourth District ORDER 12/06 Fourth District ORDER 12372 PROCESS? a. Federal Stant Date Inding Stant S		The Carter (Cptolity)	or opooral Biolinot			iration Other(s	D. Décrease [
TITLE: Water & Waste Disposal Loan/Grant Program 12. AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.): Community of Newell, Modoc County, Calif. 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: California Start Date Ending Date a. Applicant Fourth District Fourth District Fourth District ORDER 123/2 PROCESS? 2. Federal CDBG 1,000,000 2. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		L AGENCY:	9 NAME OF EEDERA		Control of the contro		
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b. Applicant \$.00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		PELICATION/APPLICATION WAS MADE	a YES THIS PREAL	. 000	1.000	İ	CDBG
PROCESS FOR REVIEW ON:	5						
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d. Local \$			- DATE	. 00	***		d. Local
b. No. PROGRAM IS NOT COVERED BY E. O. 12372		A 16 NOT COVERED BY E O 10070	h No IT PROGRAM	•		j	
6. Other \$ 00 DOB BOGRAM HAS NOT BEEN SELECTED BY STATE				00			e Other
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f. Program Income \$ 00			- JOINEY	00			Drogram Ingga
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g. TOTAL \$ 00 TOTAL \$	ř.						
3,790,121 0 Yes If "Yes," attach an explanation. No		ach an explanation. RI No	3,790,121 0 Yes If "Yes," att				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE		ON ARE TRUE AND CORRECT, THE	CATION/PREAPPLICATI	DATA IN THIS APPLIC	GE AND BELIEF, ALL	OF MY KNOW	18. TO THE BES
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		APPLICANT WILL COMPLY WITH THE	HE APPLICANT AND THE	AFHUING RODA OF TH	HOHINED BY THE GO	REEW DOTA	DOCUMENT H
**************************************		Tolophone Number	1,				· ····································
			a. Type Name of Authorized Representative b. Title				
d. Signature of Authorized Representative e. Date Signed			dent	Praci		57 KTh + 4	Miah-
Previous Edition Usable Standard Form 424 (Rev. 7-97)	,	530-664-2267	dent	Presi	ative	Inorized Repres	Michē d. Signature of A

APPLICATION FOR				OMB Approval No. 0348-004		
		2. date submitted 10/28/04		Applicant Identifier		
1. TYPE OF SUBMISSION:	Preapplication	3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier Federal Identifier		
Application Construction Non-Construction	Construction Non-Construction					
5. APPLICANT INFORMATION						
Legal Name: Yolo Boundary, L.P.			Organizational Unit: a California limite	· · · · · · · · · · · · · · · · · · ·		
Address (give city, county, State,	and zip code):		1	number of person to be contacted on matters involving		
1801 Hanover Drive, Suit	e A		this application (give area code) N. Jon Berkley			
Davis, California 95616			(530) 753-5910	r		
6. EMPLOYER IDENTIFICATION	N NIIMBED /E/N/\·			ANT: (enter appropriate letter in box)		
			7. THE OF ALLEROY	M		
7 2 - 1 5 8 1	6 4 9		A. State	H. Independent School Dist.		
8. TYPE OF APPLICATION:	· · · · · · · · · · · · · · · · · · ·		B. County	I. State Controlled Institution of Higher Learning		
⊠ New	Continuation	Revision	C. Municipal	J. Private University		
⊠ I46M	Continuation		D. Township	K. Indian Tribe		
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual		
	Ļ	J	F. Intermunicipal	M. Profit Organization		
	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify)		
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	N AGENCY:		
				t of Housing & Urban Development		
			(see attached)	or Housing & Orbait Development		
			1	TI F OF ADDITIONALTIC DECLIFOR.		
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N		Da Vinci Court A	TLE OF APPLICANT'S PROJECT:		
1 4 - 1 3 5			51 units of multif			
TITLE: Mortgage Insurance			Davis, California			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):				cation map and form HUD-92013 for		
City of Davis, County of Yolo, State of California			further description			
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:				
Start Date Ending Date 01/05 09/05	a. Applicant 1 - Cali	ifornia	b. Project	1 - California		
15. ESTIMATED FUNDING:	l - Gai	IIOITIIA	16 IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE		
15. ESTIMATED FUNDING.		00	ORDER 12372 PF			
a. Federal	\$ 10,080,000		VEO TIMO DOE	A DDI LOATIONIA DDI LOATIONI MAC MADE		
		00	4	APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372		
b. Applicant	\$		1	FOR REVIEW ON:		
c. State	RECEIVED	.00)/28/04		
d. Local	s NOV - 1 2004	.00		AM IS NOT COVERED BY E. O. 12372		
e. Other	\$ ATE CLEARING HOU	.00	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE /IEW		
f. Program Income	\$	<u>,00</u>				
		00	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$ 10,080,000	•		attach an explanation.		
				TION ARE TRUE AND CORRECT, THE		
			IE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF		T		La Talanhana Number		
a. Type Name of Authorized Rep YOLO BOUNDARY, P.		b. Title		c. Telephone Number (530) 753-5910		
d. Signature of Authorized Febre	_,.	N. Jon Berkley, Presid		e. Date Signed 10/25/04		

APPLICATION FOR				Applicant Iden	Version 7/03		
FEDERAL ASSISTANCE		2. DATE SUBMITTED 10/27/04			110000000000000000000000000000000000000		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Application Identifier			
• •	XX Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier		
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION	A						
Legal Name: SURFWOO	D MUTUAL WATE	RCORPORATION	Organizational Unit Department:	•			
Organizational DUNS:				ΓER			
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)				
Street: 45211 SURFWOOD DRI	VE (P.O.BOX 1	66)	Prefix:	First Name:	JOHN (JACK)		
City: MENDOC INO			Middle Name	Middle Name CHARLES			
County: MENDOC INO				ZAHNISER			
State: CALIFORNIA	Zip Code 95460		Suffix: PR	OJECT CO-C	ORD INAT OR		
Country: U.S.A.			Email: JOHN C.				
6. EMPLOYER IDENTIFICATION			Phone Number (give 707-937-18		Fax Number (give area code) SAME		
94-6088821	94-6088821		7 TYPE OF APPLIC	:ANT: (See had	k of form for Application Types)		
8. TYPE OF APPLICATION:	w Continuation	n F Revision	7. TIPE OF AFTER	11011	K Of tollin 1017 PP 110 III 1 1 7		
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)	in Revision	Other (specify)				
Other (specify)			9. NAME OF FEDER				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					•		
		1		00,000 GALLON			
TITLE (Name of Program):					ER STORAGE TANK		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): SURFWOOD ESTATES							
13. PROPOSED PROJECT			14. CONGRESSION				
Start Date: 8/1/2005	Ending Date: 10	/1/2005	a. Applicant CO	-	b. Project 1st CONG. DIST		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
a. Federal \$ 125,000			a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372				
b. Applicant	CENEL	41,000	PROCESS FOR REVIEW ON 10/29/04				
c. State	NOV - 2 2004	.00	DATE: 10 (29/04				
d. Local	NOV - 2 2004		b. No. PROGRAM IS NOT COVERED BY E. O. 12372				
e. Other	E CLEARING HOU	SE .ºº	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
f. Program Income	Les O les bas I	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
g. TOTAL	B	166,000	☐ Yes If "Yes" atta				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE							
a. Authorized Representative							
Prefix First Name DONA LD			Middle Name BEN				
Last Name HILL		-	Suffix				
b. Title PRESIDENT OF SURFWOOD MUTUAL WATER CORPORA				lephone Number 707-937-08			
d. Signature of Authorized Representative e. Date Signed 10/27/04							

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